PENNRIDGE SOUTH MIDDLE SCHOOL
REQUEST TO BE ABSENT FROM SCHOOL
DATE ________________

I hereby request that my child _________________________________Grade_________,
be permitted to be absent from _________________(date) to_____________________, total of
____________school days. My child will return to school on _____________________________.
I believe my child should be absent from school for the following reason:
____.

SPECIAL NOTE TO PARENTS AND STUDENTS: In order to gather assignments, it will be the responsibility of the student to contact all his/her teachers before he/she absents himself/herself from school. Upon return to school, the student must submit all work requested by teachers during his/her absence. It should be further understood that the student's teachers are not obligated to stay additional afternoons to tutor the student in the studies missed.

The students should complete the listing of subjects and teachers below. **Please present this form to your teachers no more than one week in advance of your trip**. It will be the responsibility of the student to have all his/her teachers sign this form. **Once the form is complete, please return to the main office BEFORE leaving for your trip.**

We have read this, we understand it, and will comply with it.

________________________________ ________________________________
Parent's Signature Student's Signature

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SUBJECT	**TEACHER**	**COMMENTS**	**TCHR INITIAL**
English			
Social Studies			
Science			
Math			
Reading			
Language			
Computer Ed.			
Fam.Cons.Sci.			
STEM			
Art			
Music			
Wellness			

After all the above information has been completed, please return form to the ATTENDANCE OFFICE.